iu.s. application no. (if known, see 37 Cf No () Assigned 2 2 2		INTERNATIONAL APPLICATION NO. PCT/JP00/03581			ATTORNEY'S DOCKET NUMBER 10059-371US (P23072-01)	
21. The f	ollowing fees are submitted:			CA	LCULATION	S PTO USE ONLY
BASIC NATION Neither internation	AL FEE (37 CFR 1.492 (a) (1 ternational preliminary examinated search fee (37 CFR 1.445(a)(ion fee (37 CFR 1.482) nor	\$1,000.			
International preliminary examination fee (37 CFR 1.482) not paid to USPTO but Internation Search Report prepared by the EPO or JPO						
☐ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO						
International preliminary examination fee paid to USPTO (37 CFR 1.482) but all claims did not satisfy provisions of PCT Article 33(1)-(4)						
International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(1)-(4)						
ENTER APPROPRIATE BASIC FEE AMOUNT =					\$860.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)).					\$0.00	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	_	60.00	
Total claims	8 - 20 =	0	x \$18.00	_	\$0.00 \$0.00	
Independent claim		0	x \$80.00		\$0.00	
Multiple Dependent Claims (check if applicable). TOTAL OF ABOVE CALCULATIONS =					\$860.00	
Reduction of 1/2 for filing by small entity if applicable. Verified Small Entity Statement					\$ 000.00	
TE .	(Note 37 CFR 1.9, 1.27, 1.28)]	\$0.00	. -
SUBTOTAL =					\$860.00	
Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).					\$0.00	,
TOTAL NATIONAL FEE =					\$860.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable).					\$0.00	
TOTAL FEES ENCLOSED =					\$860.00	
ng.				Am	ount to be: refunded	\$
Juni					charged	\$
A check in the amount of \$860.00 to cover the above fees is enclosed. Please charge my Deposit Account No. A duplicate copy of this sheet is enclosed. In the amount of to cover the above fees. BEST AVAILABLE COPY						
The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment						
to Depos	it Account No. 50-1017	A duplicate copy of this sheet i	s enclosed.			
NOTE: Where a 1.137(a) or (b)) n	in appropriate time limit unde nust be filed and granted to res	r 37 CFR 1.494 or 1.495 has not store the application to pending	been met, a p status.	etition to	revive (37 CF	R
SEND ALL CORRESPONDENCE TO:				· ·	Sefw	en-
William W. Schwarze			SIGNATURE			
Akin Gump Strauss Hauer & Feld, LLP						
One Commerce Square 2005 Market Street - Suite 2200			William W. Schwarze			
Philadelphia, PA 19103-7086			NAME			
Direct Dial (215		25,918				
Facsimile (215) 965-1210 E-Mail: wschwarze@akingump.com REGISTRATI					UMBER	
			DATE	_		